

**NON-PROVISIONAL
UTILITY PATENT APPLICATION
TRANSMITTAL - 37 CFR 1.53(b)**

☐ **Duplicate**
(check, if applicable)

MAIL STOP PATENT APPLICATION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Attorney Docket No.: 9764-18US (12767/GW)

First Named Inventor: Mark Champion

Express Mail Label No.: EV199927586US

Total Pages of Transmittal Form: 2

22388 U.S. PTO -
10/658817
09/08/03

Transmitted herewith for filing is the non-provisional utility patent application entitled:

KNOT TYING DEVICE

which is:

an ☒ **Original**; or

a ☐ Continuation, ☐ Divisional, or ☐ Continuation-in-part (CIP)
of prior Application No. filed.

Anticipated Group/Art Unit: or Class, Subclass.

☐ This non-provisional patent application is based on Provisional Patent Application No. ,
filed .

Enclosed are:

☒ Specification (including Abstract) and claims: 20 pages.

☒ 13 sheets of drawings (Informal).

☐ Application Data Sheet.

☐ Newly executed/unexecuted Declaration (original/copy).

☐ Copy of Declaration from prior application.

☐ Separate Power of Attorney (including 37 CFR 3.73(b) statement, if applicable).

☐ Microfiche computer program (Appendix).

☐ Nucleotide and/or Amino Acid Sequence Submission, including:

☐ Computer readable copy ☐ Paper Copy ☐ Verified Statement.

☐ Under PTO-1595 Cover Sheet, an assignment of the invention

☐ Name of Assignee:

☐ Certified copy(ies) of Application No(s). filed is/are filed:
☐ herewith or ☐ in prior application .

☒ Applicant(s), by its/their undersigned attorney, claim(s) Small Entity Status under
37 C.F.R. §1.27 as ☒ an Independent Inventor, or ☐ a Small Business Concern,
or ☐ a Non-Profit Organization.

☒ Preliminary Amendment.

☐ Information Disclosure Statement, PTO/SB/08A, and cited references.

☐ Request for Nonpublication of Application Under 35 U.S.C. §122(b)

☐ Other:

The filing fee is calculated as follows:

			SMALL ENTITY			LARGE ENTITY	
CLAIMS	NO. FILED	NO. EXTRA	BASIC FEE:			BASIC FEE:	
			\$375			\$750	
Total	22-20 =	2	X9	\$ 18.00	OR	X18	\$
Independent	1 - 3 =	0	X42	\$	OR	X84	\$
[] Multiple Dependent Claims Present			\$140	\$	OR	\$280	\$
			TOTAL	\$ 393.00	OR	TOTAL	\$

- [] The Commissioner is not authorized to charge the filing fee at this time as we elect to defer payment of the entire filing fee until receipt of a Notice to File Missing Parts
- [X] A check in the amount of **\$393.00** to cover the filing is enclosed.
- [X] The Commissioner is hereby authorized to charge and/or credit **Deposit Account No. 50-1017 (Billing No. 209764.0018)** as noted below. A duplicate copy of this sheet is enclosed.
- [X] Any overpayments or deficiencies in the above-calculated fee.
- [] Filing fee in the amount of \$_____ as calculated above.
- [X] Any additional fees required under 37 C.F.R. § 1.16 and § 1.17.
- [X] In the event that a Petition for Extension of Time is required during the prosecution of this application, but not submitted, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account noted above.

CORRESPONDENCE ADDRESS

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[X] Customer Number or Bar Code Label: **000570**

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 Enclosures